N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUL 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1008

20610
Do not use this space.

1. PLACE OF DEATH
(a) County ..... 1 2 Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 5454
(c) City ..... (d) Street No. BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 320 MARY S. LUKAC
(a) Residence, No. 1331 No. 13 St. NR E. St. Louis, ~~Mo~~ ILLINOIS
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Paul Lukac
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 20, 1890
7. AGE: Years 49 | Months 0 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as saw mill, bank, etc.: Own home
10. Date deceased last worked at this occupation (month and year): Feb. 1939
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): V. Slatina, Czecho Slovakia

FATHER
13. NAME: Paul Lauko
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): V. Slatina, Czecho Slovakia

MOTHER
15. MAIDEN NAME: Mary Remeselnik
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): V. Slatina, Czecho Slovakia

17. INFORMANT (ADDRESS): Joe Lukac, 1331 N. 13th E. St. Louis
18. BURIAL, CREMATION, OR REMOVAL: Belleville Ill.
PLACE: Mt. Carmel DATE: 6-21-1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Sedlacek Bros. East St. Louis Ill.
20. FILED: JUN 19 1939 J. F. Bredick, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5/25, 1939, to 6-18, 1939
I last saw her alive on 6-18, 1939 Death is said to have occurred on the date stated above, at 10:45 AM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative heart disease	?
c̄ decompensation	
Toxic exhaustive psychosis	6-4-39
Terminal pneumonia Broncho	

Other contributory causes of importance: 95 b2

Name of operation: none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) F. R. Bradley, M. D.
(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

X14628

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Me

_____, or by _____,

Registered Apprentice No._____, working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E St Louis La

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.